PERSONEL BIOLOGICAL AGENT EXPOSURE CONTROL PLAN FORM

Biohazardous Materials Use Certificate (BMUC) Holder: ____________________________

PART 1  RISK ASSESSMENT

1. Biological Agents in use *(keep your BMUC inventory up-to-date)*:

2. Zoonotic Agent  □ Yes  □ No

3. Mode(s) of Transmission:

4. Infectious Dose:

5. Working Dose:

6. Symptoms and Incubation Period:

7. Laboratory Associated Infection Reported in Literature *(refer to PSDS)*:

8. Targeted Organs:

9. Is the biological agent rendered inactive or non-replicative?  □ Yes  □ No
   
   If yes, How has this been confirmed *(by whom and date)*:

10. Experimental procedures that pose an exposure risk *(please describe)*:
    
    Note: These may include those risk associated with
    
    • Standardized lab procedures,
    • animal handling *(bite, scratch, needle stick due to movement of the animal, and*
    • atypical situations *(jarring movements, traffic flow, lab design)*

11. Personnel have been advised to reach out to Health and Wellness sector if they have questions regarding medical surveillance, vaccination *(if available)* or if their medical history could increase their risk.

   □ Yes  □ No
PART 2  MITIGATION STRATEGIES

1. Vaccination or other medical prophylaxis measures:

2. Steps undertaken to reduce the risk of exposure:

PART 3  ACCIDENT REPORT AND MEDICAL TREATMENT


2. In the case of an exposure, describe the steps to be undertaken (attach any relevant documentation):

3. Has your staff been informed of the exposure risks, mitigation activities as well as emergency procedures in the case of an exposure?  □ Yes  □ No

4. Has an Emergency Medical Contact Card been issued as per PHAC for pathogens for which the medical community may not be able to easily identify, RG3 and/or RG4  □ Yes  □ No  □ n.a.

Declaration and Signature

I am aware of the inherent risks associated with this project and implemented the appropriate measures to eliminate or mitigate the risks. I certify that the information provided herein is, to the best of my knowledge, complete, accurate and consistent with any proposal(s) submitted and will be provided to my staff.

______________________________________________   ______________________
Principal Investigator’s signature                         Date